


UNITED STATES DISTRICT COURT

for the

Southern District of New York 

NORMAN MAURICE ROWE, M.D., M.H.A., L.L.C.;
 EAST COAST PLASTIC SURGERY, P.C.; ROWE
 PLASTIC SURGERY OF LONG ISLAND, P.C.; And
 ROWE PLASTIC SURGERY OF NEW JERSEY, L.L.

Plaintiff(s)

v.

OXFORD HEALTH INSURANCE, INC.

Defendant(s)

Civil Action No. 23-10344

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* OXFORD HEALTH INSURANCE, INC.
 4 Research Drive
 Shelton, CT 06484

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

LEWIN & BAGLIO, LLP
 1100 SHAMES DRIVE, SUITE 100
 WESTBURY, NY 11590

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 11/28/2023

/s/ P. Canales

Signature of Clerk or Deputy Clerk


Civil Action No. 23-10344

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: